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New York

President: Mr. Ashe ..... (Antigua and Barbuda)

In the absence of the President, Mr. Oyarzun Marchesi (Spain), Vice-President, took the Chair.

The meeting was called to order at 3.05 p.m.

Agenda item 118 (*continued*)

Follow-up to the outcome of the Millennium Summit

High-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases

Mr. Carlson (Sweden): Sweden aligns itself with the statement made by the Commissioner for Health and Consumer Policy of the European Union on behalf of the European Union (EU) and its member States (see A/68/PV.100).

It has been three years since we first met in this Hall to address the prevention and control of non-communicable diseases worldwide (see A/66/PV.3), three years since we adopted our Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex), and three years during which we locally, regionally and globally have worked in the spirit of that Declaration. It is now time to review our progress.

Looking at the global level, Sweden warmly welcomes the impressive work that has been done by the World Health Organization (WHO) and its member States. A comprehensive non-communicable-disease framework has been put in place consisting of a global monitoring framework, a new Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020, a United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases and a global coordination mechanism. That framework has all the necessary building blocks for us to take action. Now we must focus on implementation.

As the leading normative health agency, the WHO will have a key role to play in guiding, monitoring, coordinating and supporting us, but ultimately it is we — Member States — who must lead the response and engage the necessary actors and sectors of our societies. In our responses, we need to focus on health promotion and disease prevention. Therein lies a great potential for global health gain and for reduced health inequalities between and within countries.

I wish to share with the Assembly some examples of how Sweden has addressed non-communicable diseases in recent years. Starting with the risk factors, the Swedish Parliament in 2011 adopted a cohesive strategy for alcohol, narcotic drugs, doping and tobacco policy. The strategy specifies the goals, objectives and policy direction and covers a range of areas from local preventive actions to measures designed to limit supply, the fight against drugs, care and treatment, alcohol and tobacco supervision, and EU and international efforts.

Secondly, in 2011, we also introduced national guidelines for methods of preventing disease across the health-care system. The guidelines provide recommendations for methods of preventing disease by supporting patients in their efforts to change unhealthy

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lifestyle habits linked to their non-communicable-disease risk factors.

Last but not least, early this year my Government launched a four-year strategy to prevent and treat chronic diseases. The strategy emphasizes the need to work with patient-centred and evidence-based care and prevention and early detection. Importantly, it was developed in consultation with representatives of patients and their professional organizations and health authorities.

But action at the local and national levels is not enough. We need a strong global commitment. The new agenda for the post-2015 sustainable development must therefore address the need to reduce exposure to risk factors, thereby decreasing the incidence of non-communicable diseases. That will be an important part of an overarching goal of ensuring improved healthy life expectancy.

To conclude, let me reaffirm Sweden's commitment to our continued common work to prevent and control non-communicable diseases.

Mr. Meron (Israel): I am grateful and honoured to have the opportunity to address the General Assembly on behalf of Israel on some of the diseases that exact the highest toll on our societies.

Non-communicable diseases are at the top of the morbidity and mortality figures throughout the world. That is a source of serious concern — one that challenges us to constantly update our approach and seek the most effective interventions. The leading causes of non-communicable diseases can be found both in our lifestyles and our environment, and any effective public health policies must address both. The fight against non-communicable diseases must be a society-wide effort, mobilizing the public and private sectors, as well as civil society. The international community too can and should play an important role in helping countries reach global and national health targets.

Israel has achieved remarkable successes in the fight against non-communicable diseases. We have done so by allocating the appropriate resources to that battle and by establishing efficient cooperation between the national Government and the local authorities. In 2011, the Government of Israel established a comprehensive national health-promotion programme with specific targets for the years to come, and allocated budgets accordingly. We found that setting concrete benchmarks and goals is the most effective way to lead the deep societal change that is required to fight this epidemic.

Public-health experts work closely with the Ministries of Education, Environment and Welfare on this specific topic. We cooperate with the private sector, academia and civil society to conduct national awareness campaigns on public-health matters. Several public-sector organizations work in concert to achieve national targets in specific areas of concern, such as cancer, diabetes, cardiovascular diseases and health in the workplace. In the area of nutrition, for instance, the Ministry of Education is expected to pass legislation this month banning the provision and sale of unhealthy foods in schools, and our leading television network is helping protect children from junk food marketing.

We are also working to reduce salt content in packaged foods by 20 per cent in five years, move nutritional labels to the front of food packages and provide nutritional information at restaurants as well. We use fiscal measures to incentivize the purchase of healthy foods and disincentivize unhealthy ones. We are also making progress in promoting physical activity. The performance of municipal administrations is now evaluated in part on the basis of their ability to increase the number of residents engaged in daily physical activity.

Israel also views the campaign against smoking as a key component in the fight against non-communicable diseases. Through tax increases on tobacco products, free smoking-cessation plans and increased enforcement of smoking bans in public places, we prevented 2,000 unnecessary deaths in 2013 alone, and our population currently counts more past smokers than current smokers. The public health-care system plays, of course, a central role in this effort. Health-care providers and insurers are now evaluated also on their preventative-care efforts — be they screening for cancer or encouraging patients to adopt healthier lifestyles.

Israel is proud to share its expertise with our development cooperation partners. MASHAV, our Agency for International Development Cooperation, worked with our partners just recently in Kenya to fully renovate and re-equip the oncological hospital for children at the Kenyatta Hospital in Nairobi and recently inaugurated this important centre. Israel is also joining the Grand Challenges in Global Health initiative aimed at fostering scientific and technological innovation

to solve key health problems in the developing world. The programme offers grants of up to $150,000 to entrepreneurs and innovators who come up with solutions to global health and food-security challenges in developing countries. We also continue to partner with the Hebrew University of Jerusalem to offer dedicated scholarships for students from developing countries to attend the University's Master of Public Health programme. Our former Prime Minister, Golda Meir, famously said that she never accomplished anything alone and that all her successes were achieved collectively.

Israel highly values its continued collaboration with the international community on public-health matters. We are proud members of the World Health Organization European Regional Office, and we were honoured to host one of its meetings recently. We are also preparing to welcome our colleagues from the Organization this upcoming November for a meeting on the environment and health. We look forward to continuing our joint work towards a world free of the scourge of non-communicable diseases.

Mr. Hu Hongtao (China) (*spoke in Chinese*): The Chinese Government has responded proactively to the Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex), adopted during the sixty-sixth session of the General Assembly at the 2011 High-level Meeting on the Prevention and Control of Non-communicable Diseases (see A/66/PV.3). In 2012, 15 ministries and commissions jointly issued the National Programme for Chronic Disease Control and Prevention (2012-2015). The Programme established prevention and control objectives and stipulated the division of labour among departments. China is on track to achieve the Programme's objectives by 2015.

China has always followed a strategy of stressing prevention while combining prevention and control to make progress in the comprehensive prevention and control of non-communicable diseases (NCDs). First, we have stepped up measures to address risks for chronic diseases so as to tackle their root causes. Relevant departments have launched a series of joint initiatives in environmental management, tobacco control, physical education and exercise, nutrition improvement and health education.

Secondly, we have greatly increased the public's awareness of the prevention of chronic diseases so that it may be incorporated into their daily life. We have made significant efforts to promote healthy lifestyle for all and health literacy for all campaigns to mobilize society to participate in mass prevention and control endeavours.

Thirdly, we have shifted our focus to early diagnosis and treatment. Years of practice have shown that early diagnosis and treatment of certain cancer types, such as oesophageal cancer and colorectal cancer, have produced significant results.

Fourthly, we have instituted standardized management at the community level. We have included health services for hypertension and diabetic patients and of the elderly among our national basic public health services, which are provided free of charge by primary health care institutions to urban and rural residents.

Fifthly, we have increased fiscal spending on an annual basis and established a chronic-disease monitoring system that contains evaluation indicators for variables such as incidence, prevalence, death and risk factors. The data gathered through the monitoring system provides the basis for our science-based evaluation and policymaking.

Sixthly, we have included the prevention and control of NCDs as an important part of the efforts to build healthy cities throughout the country. and of regional health initiatives. At the national level, we have built demonstration areas for comprehensive prevention and control. There are now 140 national demonstration areas in 30 provinces, which serve as models for the rest of the country.

China has actively engaged with international partners on the prevention and control of NCDs. We have conscientiously implemented the World Health Organization Framework Convention on Tobacco Control. We have cooperated with the World Health Organization, the Governments of the United States and Luxembourg, non-governmental organizations and the private sector on implementing projects, such as the smoke-free workplace and a reduction in salt intake. We have also worked with Brazil, Russia, India, China and South Africa and the mechanisms of the Association of Southeast Asian Nations plus China, Japan and the Republic of Korea on the prevention and control of NCDs. In addition, we have provided medical assistance within our ability to other developing countries through initiatives such as our long-time practice of dispatching medical assistance teams.

China currently faces the dual challenges of communicable and non-communicable diseases. In general, our population has a low awareness of self-protection. People have little knowledge about NCDs. We also need increased financial and public health policy support. China will continue to focus on Government leadership, multisectoral cooperation and the participation of society. We will follow the three principles of stressing prevention, combining prevention and control and giving preference to efforts at the grass-roots level in order to stop the spread of NCDs.

NCDs pose a serious threat to human health and a grave challenge to global economic and social development. Such diseases are one of the key impediments to achieving the Millennium Development Goals. In that regard, I would like to make the following proposals.

First, the primary responsibility of Governments in tackling the challenges related to NCDs should be further emphasized. Health should be incorporated into all social policies. in In particular, departments that are not health-related should include the health issue in their policies. Multisectoral cooperation and coordination mechanisms should be established.

Secondly, the international community should coordinate actions, integrate the prevention and control of NCDs into the post-2015 development agenda and urge transnational corporations to support and participate in the prevention and control of NCDs.

Thirdly, the leading role of the WHO in the global prevention and control of NCDs should be fully exploited. Developed countries are encouraged to increase their financial and technical support for developing countries so that the global capacity to prevent and control of NCDs can be steadily improved.

China stands ready to participate in global prevention and control of NCDs in a more active and comprehensive manner, and work closely with other Member States in our joint efforts to address the challenges posed by NCDs.

Mr. Patriota (Brazil): I wish to commend the President for having organized this important High-level Meeting on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases (NCDs). I also wish to thank the Secretary-General for transmitting the insightful report of the World Health Organization on this issue (A/68/650) and to congratulate the Permanent Representatives of Belgium and Jamaica, who facilitated the consultations that led to the comprehensive outcome document that we adopted this morning (resolution 68/300).

Brazil aligns itself with the statement made earlier today by the representative of the Plurinational State of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100) and would like to make the following comments in its national capacity.

Three years ago, the General Assembly took a decisive step in the fight against non-communicable diseases, as we placed the issue on the global agenda by adopting, at the highest level, the Political Declaration of the High-Level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex). The Declaration reaffirms our collective will to tackle the burden of NCDs and their socioeconomic impacts, especially on developing countries. Since then, much progress has been achieved.

At the international level, we acknowledge the dedicated efforts of the World Health Organization, under which we have achieved the Global Action Plan for the Prevention and Control of NCDs 2013-2020, the global coordination mechanism and the comprehensive global monitoring framework. We have also established the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, whose terms of reference have recently been endorsed by the Economic and Social Council.

Similarly, at the national level, there are advances to be acknowledged. Many more countries than in 2011 now have national plans and policies to combat NCDs, as well as specialized Government branches to implement such programmes. In my own country, in 2011, the Government adopted a strategic action plan for addressing NCDs for the period until 2022, which contains detailed actions to tackle each of the four major risk factors for NCDs. Thanks to that strategic action plan and the increasing investment in the health sector, Brazil has been experiencing positive results.

However, as we begin this first review of the progress achieved since 2011, we must recognize that many challenges remain, specifically in the areas of monitoring and vigilance, the strengthening of health systems, including capacity-building and access to medicines, multisectoral engagement and financing. Monitoring and vigilance are vital elements in the

fight against NCDs, as they allow Governments and other stakeholders to become aware of the magnitude, distribution and trends of non-communicable diseases and therefore to effectively draw up and implement public-health policies.

As we continue to strive to enhance national monitoring mechanisms in line with the World Health Organization targets and indicators, we must also focus on strengthening health systems. It is equally important to address the social determinants of health and to take into account the implications of the conditions in which people are born, live, work and age, which, in many cases, are shaped by the distribution of wealth and resources at the global, regional, national and local levels. In that regard, the experience in Brazil has demonstrated that universal health systems, with a particular emphasis on primary health care, constitute an efficient means of providing access to health services and to reducing inequalities.

In the light of the high incidence and prevalence of non-communicable diseases and the enormous costs associated with their prevention and treatment, universal access to medicines, diagnosis and other technologies is also of paramount importance. In that regard, it is vital to undertake efforts to reduce prices and to put in place policies designed to expand the availability of safe and affordable medicines, including generic drugs. We welcome the fact that the outcome document of this high-level meeting recognizes the importance of the issue and reaffirms the right of countries to use, to the full, the legally recognized flexibilities of the World Trade Organization for the protection of public health. In that connection, I would like to mention in particular the Declaration on the TRIPS Agreement and Public Health.

The engagement of sectors beyond the health sector is another essential component of the campaign against non-communicable diseases. As we discuss the formulation of the post-2015 development agenda and progressively acknowledge the role of non-State actors in addressing development issues, we must rightly expect and demand more transparency, accountability and commitment from the private sector, philanthropists and non-governmental organizations.

In Brazil, the Government has made agreements with the food industry to eliminate the use of trans fats and to reduce the levels of salt in foods. Such initiatives are good examples of how the private sector can contribute to the prevention and control of NCDs. We expect them to be replicated and intensified at all levels.

A word must be said about the fight against tobacco use, which is the most dangerous modifiable risk factor for NCDs. Government regulatory action to prohibit the advertising of tobacco products and to raise awareness about the risks associated with smoking through graphic warnings on cigarette packets has had a great influence in Brazil and elsewhere in reducing the prevalence of non-communicable diseases.

Finally, we must also stress the importance of continuing to enhance international cooperation in order to finance and support national efforts for the prevention and control of NCDs. In that regard, while we are encouraged by the call made in the meeting's outcome document for the Development Assistance Committee of the Organization for Economic Cooperation and Development to consider developing a purpose code to allow improved tracking of development assistance for the prevention and control of NCDs, we continue to urge international donors to fulfil their official development assistance commitments.

Brazil is convinced that the revised Political Declaration provides a firm basis for the international community to redouble its efforts to achieve further progress in the fight against non-communicable diseases, as well as a solid reference for us to promote the future we want free of non-communicable diseases.

Ms. Hamburg (United States of America): Today we have come together to reflect on our progress since the 2011 High-level Meeting on the Prevention and Control of Non-communicable Diseases (see A/66/PV.3) to share national experiences and chart a collective path forward to reduce the preventable occurrence and impact of non-communicable diseases (NCDs).

The United States is pleased with the outcome document (resolution 68/300) just adopted and we appreciate the work of the co-facilitators in that regard. We acknowledge the importance of the continuing leadership of the World Health Organization (WHO) and look forward to greater action globally and at national levels to move that important agenda forward.

In our country today, chronic diseases such as heart disease, cancer, stroke, respiratory diseases and diabetes account for seven out of 10 deaths, cutting lives short by decades, often after prolonged disability or reduced quality of life. NCDs limit the activities of millions of people and cost our economy billions every

year, accounting for 75 per cent of our nation's health spending.

Under President Obama, the United States has made tackling chronic disease across the lifespan a major priority. Through the Affordable Care Act we are expanding access to key preventive services, addressing modifiable risk factors, and making treatment and care more affordable for millions of Americans. Creating a foundation for health goes beyond actions in a clinic or doctor's office. By working to address factors that influence our health, guided by our multisectoral national prevention strategy, our nation is moving from a focus on sickness and disease to a focus on wellness and prevention.

We are accelerating efforts, for example, to end the tobacco epidemic, our leading cause of preventable death and a major source of chronic illness and disability, through our implementation of the Family Smoking Prevention and Tobacco Control Act. Five years ago, President Obama signed that historic legislation granting the Food and Drug Administration new responsibilities and authorities to regulate the manufacture, marketing and distribution of tobacco.

Public tobacco prevention campaigns, such as "Tips from Former Smokers" and "The Real Cost", are raising awareness of the long-term health effects of smoking and are successfully encouraging people to quit. We launched the Tobacco-Free College Campuses Initiative, a public-private partnership with universities, colleges and the public-health community to promote tobacco-free policies at institutions of higher learning. As of April, over 1,300 campuses were smoke-free, and many are also prohibiting the use of electronic cigarettes.

The United States continues to advance strategies to reduce hypertension and prevent heart disease and strokes. One way we do that is through the Million Hearts campaign, a national initiative announced around the 2011 High-Level Meeting. The initiative aims to prevent 1 million heart attacks and strokes in the United States by 2017 by aligning the efforts of public and private partners from across the country.

We all know that issues of improved nutrition are vital to reducing the burden of chronic disease. Through multisectoral engagement, we are continuing to work to reduce trans fats in processed foods and updating nutrition labelling to provide consumers with important information to make sensible, healthy food choices. The First Lady's Let's Move! initiative is giving legs to the 2010 report of the White House Task Force on Childhood Obesity by catalysing action across multiple sectors of society, from parents and caregivers to local community leaders, faith leaders, chefs and schools. Those comprehensive efforts are starting to bear fruit, as we are actually seeing reductions in childhood obesity rates in certain United States jurisdictions.

We also continue to incorporate a chronic-disease focus in our research and global health programmes. Building on the recognition that what gets measured gets done, we are providing technical assistance to build partner countries' capacity to monitor and measure NCDs and their risk factors, including through the Global Tobacco Surveillance System and through demographic and health surveys.

By fostering a network of collaborating centres of excellence and joining forces with other leading health researchers and funders, we are also working to build NCD research capacity in low- and middle-income countries and support collaborative research on sustainable programmes. As country Governments develop and begin to implement national action plans, the United States looks forward to continuing to engage in technical cooperation and knowledge exchange.

In addition, we believe that public-private partnerships, like the Global Smoke-free Worksite Challenge and many of the other initiatives I have highlighted today, serve as a strong example of how Government, civil society and the private sector can work together. Such partnerships reflect our belief that all segments of society have a role to play in turning the tide of chronic disease. The World Health Organization global coordination mechanism needs to serve as a key platform to catalyse and sustain such multi-stakeholder efforts. We must harness the expertise and commitment of civil society and private-sector actors in order to create and maintain environments that will promote health and reach our ambitious, but achievable, voluntary global targets on NCDs.

The United States remains committed to working with multiple stakeholders to address the growing burden of NCDs. We look forward to engaging international partners across sectors in implementing evidence-based strategies and together building healthier communities.

Ms. De Camillis (Italy) (*spoke in French*): In this Hall, I convey the greetings of our Minister of Health, Ms. Beatrice Lorenzin, who could not be present today.

This meeting is extremely important, not only as an opportunity to consider and assess the progress achieved in the implementation of the 2011 Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex), but also because it represents an opportunity to reiterate and strengthen our resolve to fight against non-communicable diseases, which constitute a serious threat to social and economic development throughout the world. A healthy society produces more and costs less. Italy reaffirms its strong commitment to reducing the impact of non-communicable diseases on the population.

Our country has decided to give priority to fighting against risk factors and to strengthening positive factors. The Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020 of the World Health Organization has confirmed the validity of our approach and strengthened our commitment to undertake efforts to consolidate the results achieved so far. In 2007, the Italian Government adopted a national programme called "Gaining Health: Making Healthy Choices Easier", which advocates a multisectoral approach to health in all policies. Our national prevention plan, the third version of which we are adopting, is also based on the strategic approach of Gaining Health. As a demonstration of our commitment to non-communicable diseases, the new plan's primary guidelines for action are prevention, screening and early diagnosis of those diseases through strategies and objectives that address the majority of underlying determinants.

I would also like to recall that Italy was the first European country to adopt legislation governing smoking in public institutions and in the presence of children or pregnant women. The law prohibits the sale of cigarettes to minors. The sale of alcoholic beverages to minors is also prohibited.

Scientific research and the increased disclosure of its results have made the populations of industrialized countries aware of the close link between food and health. Adjustments to the diet can not only affect the current health of a person but also contribute to determining whether diseases such as cancer, cardiovascular diseases or diabetes develop over time. Italy actively promotes the traditional Mediterranean diet on account of its positive impact on health and encourages producers to maintain the excellent quality of our products.

Moreover, I am proud to underscore that the Mediterranean diet is part of the UNESCO world heritage. According to the Italian Government, we should interact with industry. In that regard, I would like to recall that, through an ongoing and constructive dialogue with the food industry, there have been positive results in the elimination of trans fats and a 5 to 15 per cent reduction of salt in some foods.

I wish to express my appreciation for the work carried out by Member States during the negotiations of the Political Declaration on the Prevention and Control of Non-communicable Diseases thanks to the facilitation of the Permanent Representatives of Jamaica and Belgium. In general, the content of the document, in particular with regard to seeking a commitment to health promotion and the prevention of non-communicable diseases throughout the life course, supports an intersectoral approach.

Regarding the reduction of specific foods, such as sugars and fats, in our view identifying numerical targets alone is not sufficient. The demons that we must combat are not the individual ingredients but bad habits. There must be education about the correct quantity and various portions. Similarly, I believe it to be appropriate to avoid food evaluation systems on the basis of descriptions of nutrients or, worse still, diagrams that unjustifiably focus on the composition of the individual food product irrespective of the manner and frequency of consumption. In line with the soundest scientific guidance, Italy has always believed in the importance of the composition of the diet as a whole. However, I am puzzled about the approach of tax increases, since that could bring about a change in consumption in favour of foods of low nutritional value.

In the light of such beliefs, I affirm Italy's full readiness to work for the achievement of the objectives of the Political Declaration. At the same time, I also underscore the need to take the factors that I just have mentioned into account. Information must be simple and understandable. It must inform behaviours and healthy choices without setting specific limits. It is necessary to take as a reference point the primary role of lifestyle-based interventions, including combating physical inactivity, to reject data that are not supported

by scientific evidence, and to involve the public by placing them at the forefront and making them aware of their choices through awareness-raising programmes.

In conclusion, we believe that a multisectoral approach in all policies is the secret to overcoming non-communicable diseases. We are committed to pursuing the goals to overcome the challenges proposed by the documents of the World Health Organization, together with the participation of the private sector. In that regard, the outcome of this meeting will be an important stage that should not be overlooked on our fundamental path towards the well-being of humanity.

Mr. Takyan (Islamic Republic of Iran): At the outset, I would like to align my delegation with the statement made earlier today the representative of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100). I would like to offer my sincere appreciation to the Permanent Representatives of Belgium and Jamaica for their careful facilitation of the negotiations on the outcome document that we have adopted today (resolution 68/300).

I am greatly honoured to report that the Government of the Islamic Republic of Iran is fully committed to engaging with the global community in the fundamental task of the prevention and control of non-communicable diseases (NCDs) and therefore fully supports the implementation of the actions included in the outcome document adopted this morning. The macropolicies for health recently announced by the Supreme Leader of the Islamic Republic of Iran emphasize NCDs as the main challenge for the health system and the development of Iran. They oblige the Ministry of Health and Medical Education to prioritize and act upon the effective prevention and control of NCDs.

Apart from the Government's commitment to people's health, we believe the burden of NCDs to be a significant threat to our sustainable development. Of the 380,000 deaths registered in Iran in 2011, 45 per cent were attributed to ischaemic heart disease, cancer or strokes. To foster intersectoral collaboration on health issues, Iran has established the High Council for Health and Food Security, led by the President and comprising ministers and high-ranking stakeholders from various sectors, to take high-level decisions on health matters, including NCDs, for instance, decrees to reduce salt, sugar and fat in processed foods. The Council has its own provincial branches across all 32 provinces in Iran.

In addition, Iran was among the pioneering countries that signed and immediately adopted the World Health Organization Framework Convention on Tobacco Control and banned smoking in all public places. Through consultation with the World Health Organization (WHO) and engagement with countries that have demonstrated best practices, we are revising our tax system for tobacco and other harmful materials and advocate that the revenue be redirected towards our health system, mainly for the prevention and control of NCDs.

Moreover, through full collaboration with the WHO, the Iranian Ministry of Health and Medical Education aligns its national plan and policies for NCDs with the Global Action Plan for the Prevention and Control of NCDs 2013-2020, endorsed by the United Nations and the WHO. In that regard, Iran has set out its vision for NCDs by 2020, which seeks to decrease premature death by 15 per cent by the end of that year. Three main strategies have been drawn up to achieve that, namely, promoting the population's health literacy, increased access to primary health care and strengthening the primary health-care system to accommodate NCDs and social determinants of health.

To make that exercise more evidence-based, we work with certain countries to learn from their experience and to use their best practices as a benchmark. I must highlight the fact that, through its comprehensive and exemplary primary health-care network that has contributed to some of the best health outcomes in the region, Iran is committed to implementing its national plan on NCDs by strengthening its primary health care and local governance for health.

President Rouhani has declared health to be one of his Administration's top three priorities. Recently, on 5 May, the President officially initiated a comprehensive health transformation plan so as to achieve universal health coverage. By increasing the health system budget by 50 per cent, with the funds provided by targeted subsidies and increased value-added tax, as well as sin taxes and other revenue, the transformation plan is being implemented by strengthening and substantially restructuring the primary health-care system to incorporate the prevention and control of NCDs, social determinants of health and local governance for health. Insuring 8 million deprived and underprivileged people who reside in suburban areas, reducing out-of-pocket payments, particularly for inpatient services, improving the quality of care, the provision of basic health services

for 9 million people in suburban areas, and financial and non-financial incentives to retain doctors and other health-care providers in deprived areas are among the reforms through which inequity is being addressed and poor people are being protected.

Undoubtedly, much of the care to prevent and control NCDs can and should take place within the primary care setting through the provision of high-quality care for all citizens, without regard to their condition and without causing any financial hardship. We therefore endorse the crucial role of universal health coverage in fulfilling that mission.

Although efforts to prevent and control NCDs are multidimensional, complex and time-consuming, creating a world with a zero burden of NCDs no longer looks like utopia. To make it come about more easily and create a platform suitable for joint activities by Member States to prevent and control NCDs, the Islamic Republic of Iran suggests that the United Nations, through collaboration with the WHO, other United Nations agencies and international partners, contribute to the establishment of an NCDs observatory under the supervision of the Secretary-General. The NCD observatory would be responsible as an organization for gathering progress reports, using agreed indicators and monitoring countries' progress and challenges until the objective of the zero burden of NCDs is reached.

On behalf of the Islamic Republic of Iran, I would like to conclude by sincerely expressing the hope that this meeting will contribute to generating greater commitment on the part of Member States in adopting NCD frameworks and monitoring plans in their national plans, monitoring their progress towards that goal and sharing lessons learned with the international community.

I wish all participants success and health.

Ms. Smith (Denmark): I thank the President for allowing me to share some facts and reflections with the General Assembly.

Denmark aligns itself with the statement made by the Commissioner for Health and Consumer Policy of the European Union (EU) (see A/68/PV.100).

Together with our fellow Nordic countries, since Denmark joined the Executive Board of the World Health Organization (WHO), in 2006, we have been at the forefront of ensuring that non-communicable diseases (NCDs) are high on the international health agenda regionally and globally. Denmark has consistently advocated in favour of an increased allocation of resources to NCD programmes at the WHO in order to ensure that it has a secretariat that can match the enormous challenge presented by NCDs. In global negotiations, as a part of the EU and the WHO European region, Denmark has played a very active role in developing effective NCD action plans and other NCD governance tools.

However, we still contest the use of the term "non-communicable diseases", for it is far from adequate and at times outright misleading — for instance, some cancers have infectious etiologies. Denmark therefore urges the international community to reconsider the term and contemplate alternatives that better cover the concept of, and support the relevant interventions against, long-standing preventable and manageable diseases.

Denmark gives high priority to non-communicable diseases, both nationally and internationally. Denmark sees promoting health, the early detection of disease, disease management and rehabilitation services, including patient education, not as a cost and a burden, but as an investment and development opportunity in welfare for all.

In January 2014, the Danish Government launched the national health targets for all Danes for the coming decade. The overall goals are more healthy life years for all combined with reduced social inequality in health. The road to take is to promote health and prevent disease, in partnerships across authorities and administrative sectors, civil society and the private sector. The Danish Government has allocated funds to support concrete multi-stakeholder partnerships at both the national and local levels during the coming years.

With the Danish local Government reform of 2007, the primary responsibility for creating healthy settings and establishing health promotion and disease-prevention services in Denmark lies with municipalities. In general, there has been a shift in disease-management responsibilities from the hospital sector to local health authorities. With the ageing Danish population and an increased burden of chronic diseases, Danish municipalities play a role in keeping their citizens as healthy as possible. That includes offering rehabilitative services and patient education that support active and informed citizens who live a portion of their lives with disease.

In order to support municipalities in that effort, the Danish health and medicine authority that I represent developed a so-called health promotion package. The health promotion package comprises an evidence-informed tool to assist municipal decision-makers and health planners in setting priorities, planning and organizing local initiatives of high quality to promote health and prevent disease at the local level. Danish municipalities are now implementing them with the support of their organizations.

We need health-promotion efforts in Denmark. The Danes are generally a happy people, but we have a tendency to eat, drink and smoke too much. That is reflected in our life expectancy, which has not developed as fast as it has in neighbouring countries. On the other hand, our health expectancy — the years we can expect to live in good health — has been consistently high.

There are further challenges. Social inequality in the area of health is growing in Denmark. There is a need for more evidence about effective and targeted health-promotion interventions, about how to best implement them and about how to engage citizens, stakeholders and society at large in a joint effort for a healthier Denmark for all.

Denmark is therefore ready to face the challenges and looks forward to constructively and actively contributing to the healthy development of all populations.

Mr. Seger (Switzerland) (*spoke in French*): In September 2011, for the first time, non-communicable diseases were the subject of a meeting at the highest political level. We are here today to look back on the progress made, but to also ensure that we remain fully mobilized. Is this really necessary? It is, because non-communicable diseases affect us all, men and women alike, for two reasons in particular.

First, beyond their impact on health, non-communicable diseases have considerable social and economic consequences. The scale of the challenge makes it imperative that measures be taken.

Secondly, the main risk factors are associated with individual behaviour and living conditions. Premature death linked to non-communicable diseases can therefore be largely avoided. It is our responsibility to act with that in mind.

Prevention cannot be carried out only by individuals themselves, because we are not all equal when it comes to risk factors. The answer to the challenge of non-communicable diseases must be multisectoral and involve all of society's stakeholders. They must be multisectoral to take into consideration the health factors linked, for example, with the environment, transport, land planning or even education. They must involve all stakeholders, because the role of non-governmental organizations, private companies, research and, more generally, civil society is essential.

In Switzerland, we are currently drafting a national strategy on non-communicable diseases in the framework of the Swiss national strategy for 2020. At the global level, we believe that the World Health Organization must assume a key role. We are therefore pleased that the mandates entrusted to it by the Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex) in 2011 and resolution WHA66.10 adopted by the World Health Assembly in 2013, have been fulfilled.

Our road map is in place; it is now a matter of implementing it. The primary responsibility of Member States in this respect should be emphasized here. However, since each State has different capacities, Switzerland is stressing the strengthening of health-care systems and the fight against inequality in its international cooperation.

The fight against non-communicable diseases should have a rightful place in the post-2015 sustainable development agenda. That should not be done to the detriment of the issue of communicable diseases. On the contrary, we must learn from our experience with the Millennium Development Goals to develop and promote synergies. That experience in particular highlights the importance of going beyond a "silo" approach.

Implementing a genuine multisectoral approach, involving all stakeholders and ensuring the place of health and non-communicable diseases in the post-2015 agenda: these are the considerable challenges awaiting us. Let us take advantage of this Meeting to remain mobilized and strengthen our efforts within the United Nations, particularly within the World Health Organization, as well as at the national level.

I wish everyone good health, and, perhaps setting aside protocol, I would propose a measure to preserve the health of all of us present here: we could all stand up after a statement and then sit down again. That way we

would have a bit of movement in the Hall, and it would be very good for our health too.

The Acting President (*spoke in Spanish*): I thank the representative of Switzerland for his very original and healthy proposal.

Mr. Masood Khan (Pakistan): Pakistan associates itself with the statement delivered by the representative of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100).

Non-communicable diseases (NCDs) represent one of the world's most serious health challenges. NCDs cause suffering in both developed and developing countries; the socioeconomic development of the developing countries in particular is adversely affected. These diseases traumatize families and stunt the growth of communities and nations.

The 2011 Political Declaration on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex) has brought about a radical shift in our thinking. Governments have to be in the driver's seat in order to respond to the challenge of NCDs and commit themselves to developing national plans to prevent and control these diseases.

Pakistan has made commitments to implement the Political Declaration based on the regional framework for action. We are making strategic interventions in the four priority areas.

In the area of governance, we are developing an updated national and provincial action plan for NCDs with targets for prevention and control adopted from the global targets; developing infrastructure for NCDs at the provincial level; and generating and devoting the needed resources for NCDs, especially through the taxation of tobacco and unhealthy products.

In the area of the prevention and reduction of risk factors, we are implementing the World Health Organization (WHO) NCD "best buys".

In the area of surveillance, we are developing an NCD surveillance system based on the WHO framework and integrating NCDs into the national health information system.

In the area of health care, we are working to integrate essential NCD interventions in primary health care, including cost-effective interventions for the early detection and treatment of priority NCDs, and improve access to safe, affordable and high-quality essential medicines and technologies.

The Government of Pakistan is pursuing a comprehensive, cross-sectoral national action plan in partnership with the private sector to achieve the following objectives: a high-level political commitment and the involvement of communities and health-care providers in creating awareness and promoting the prevention of NCDs; the mapping of existing health facilities and assessing their capacity in addressing these diseases; the establishment of uniform standards for the public and private sectors; incorporating the prevention and control of NCDs in the poverty-reduction strategy; promoting research and strengthening human resource capacity; and, finally, developing partnerships with all stakeholders, including international organizations.

As the international community is engaged in crafting the post-2015 development agenda, the High-Level Meeting on NCDs provides us with a welcome opportunity to convert the Political Declaration into an actionable plan. We are glad that during ongoing negotiations on the sustainable development goals, NCDs are being integrated as a cross-cutting issue in the various goals and targets relating to health, nutrition, safe drinking water and access to medicines. The risk factors for NCDs are intertwined with the issues of environmental pollution, urbanization and sustainable consumption.

Effective global partnerships and the provision of credible means of implementation are indispensable to success in the prevention and control of NCDs. The world's leading pharmaceutical companies should fulfil their corporate social responsibility by ensuring the availability of medicines for the prevention and control of NCDs at affordable prices in the developing countries.

Finally, today's Meeting has given us a valuable opportunity to take stock of the progress made so far, conduct an informed review, identify the remaining gaps, and find ways and means to redress deficits. This Meeting will spur leadership in our fight against the NCDs.

Mr. Alzouma (Niger) (*spoke in French*): First of all, I should like to convey the fraternal greetings of Mr. Gali, Minister of Public Health of the Niger.

It is both an honour and a privilege for me to take the floor here at this High-level Meeting of the General

Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases.

My delegation associates itself with the statement made at the 100th meeting by the representative of Bolivia on behalf of the Group of 77 and China.

In my national capacity, I should like to share my country's experience in this area.

In the Niger, although the health situation is strongly characterized by the predominance of communicable diseases, non-communicable ones are starting to gain and represent a heavy burden for the health and economy of the country.

The STEPwise approach to Surveillance (STEPS) survey of December 2007 on risk factors for these diseases and on arterial hypertension and diabetes in the Niger revealed the following rates of prevalence among adults: arterial hypertension, 21.2 per cent; diabetes, 4.3 per cent; overweight, 26.5 per cent; obesity, 3.8 per cent; and tobacco smoking, 4.9 per cent.

The survey also showed that more than 22 per cent of the adult population aged 25 to 44 has three or more risk factors for developing a non-communicable disease.

Faced with that situation, the authorities of the Niger are committed to effectively combating such diseases under the strategic health development guidelines for the first decade of the twenty-first century and the new national health policy, adopted in May 2002. The fight against infectious and chronic diseases has been clearly identified as a major priority for the country.

In particular, the Niger's commitment was further reaffirmed through the ratification of the World Health Organization Framework Convention on Tobacco Control, in 2005; the adoption by the National Assembly of the Republic of the Niger of Law No. 2006-12 Concerning Tobacco Control, of 15 May 2006; the Health Development Plan 2011-2015, of which the fight against non-communicable diseases is a medium-term priority; Order No. 00016/MSP/SG/DGSP, of 25 January 2012, on the establishment, organization and powers of the national programme for the fight against non-communicable diseases; and the National Assembly's adoption of Law No. 2011-16, of 8 August 2011, on the establishment of an administrative institute, known as the national centre for the fight against cancer.

In addition, we have developed and adopted a comprehensive national plan to combat non-communicable diseases and their risk factors. The diseases targeted in that plan are, in particular, cardiovascular diseases, cancer, diabetes and chronic respiratory diseases. The strategic plan seeks a Niger where the population has preventive and curative care and support against non-communicable diseases with the full involvement of the community. In that regard, it ensures comprehensive strategies and interventions against non-communicable diseases and their risk factors.

The main strategic areas of the plan are the development and implementation of multisectoral strategies to prevent non-communicable diseases and to promote a healthy lifestyle; strengthening the national health-care system's capacity to screen for, diagnose and treat non-communicable diseases; broader medical coverage and resource mobilization to prevent and control non-communicable diseases; the establishment of a standardized framework for the monitoring and evaluation of non-communicable diseases and their risk factors; enhanced legislation on and regulation of the fight against non-communicable diseases; tax and tariff measures for certain risk factors, such as tobacco and alcohol use; strengthening governance and leadership; and the development of action research in the field of non-communicable diseases.

However, the implementation of the strategic plan faces a number of constraints, including, in particular, insufficient funding for the fight against non-communicable diseases, inadequate data on non-communicable diseases and a lack of technical facilities for the proper management of non-communicable diseases. That is why the Niger, through me, is counting on stronger and appropriate support from all its development partners and on international cooperation so as to effectively combat such diseases.

Mr. Larm (Qatar) (*spoke in Arabic*): I would like to express my thanks to the President for his efforts in organizing this important meeting. We are confident that our discussion today will contribute to furthering the dialogue and significant efforts by the United Nations and the international community to prevent and combat non-communicable diseases (NCDs) and to underscore the challenges that they present for individuals and societies.

We associate ourselves with the statement made by the representative of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100).

I would like to take this opportunity to emphasize the vital role of the World Health Organization in raising awareness and in the prevention and control of NCDs. Despite the extensive steps and efforts of Governments to prevent and control NCDs, those diseases are still a heavy burden on societies and undermine social and economic development throughout the world.

We affirm the right of all individuals to enjoy the highest possible level of physical and mental health and their right to universal health care. We therefore acknowledge the urgent need to continue making extensive efforts at the national, regional and international levels to prevent and control NCDs, in particular since they represent a major challenge to development in the twenty-first century, especially in developing countries.

Qatar has made progress that could be considered a role model worldwide in the field of health. It has made resolute efforts to provide an environment conducive to providing health care for all in an equitable way by implementing health strategies, programmes and campaigns to regulate the prevention and control of NCDs. The health sector is doing its utmost. The health sector budget for 2013-2014 has been increased by 13 per cent so as to achieve a better standard of health care. That is fundamental to human development, since improving health care is an integral part of Qatar's National Vision for 2030.

In Qatar, the health insurance system, called "Health", provides full coverage for individuals and constitutes the country's main pillar for achieving the National Vision for 2030. The vision for 2011-2016 is a cornerstone for promoting a healthy lifestyle, for providing quality health care as the basis of a successful comprehensive health-care system, and for ensuring the highest possible level of health care through the provision of prevention and control health-care services.

I would like to highlight here the Qatari association for the prevention and control of diabetes, a non-profit organization that is a pioneer in its field. It assists people with diabetes and those that are susceptible to the disease through a number of effective social and cultural programmes and activities. In addition, the Sidra Medical and Research Centre is an academic medical centre that has state-of-the-art digital technology and sets a new standard in helping patients affected by various non-communicable diseases.

The increasing number of challenges posed by the spread of NCDs has a direct negative impact on achieving the Millennium Development Goals, in particular since such diseases reduce the productivity of individuals and their families. We therefore stress the importance of making genuine, coordinated efforts among all stakeholders concerned, including individuals, Government organizations, civil society and the relevant international organizations, in order to fight non-communicable diseases in a comprehensive way.

I would like to take this opportunity to once again reiterate our commitment to the Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex) in order to put an end to those diseases and their spread.

In conclusion, I would like to reiterate the importance of according due attention to preventing and combating non-communicable diseases in the post-2015 development agenda. We will spare no effort in our endeavour to achieve a world free from non-communicable diseases, thereby reducing the suffering of millions of people worldwide.

Mr. George (Barbados): I wish to reaffirm Barbados' unequivocal commitment to the 2011 Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex). In 2011, for the first time, the international community acknowledged that the global burden of chronic non-communicable diseases (NCDs) constituted a major challenge for development in the twenty-first century, and that developing countries were disproportionately affected.

Barbados knows only too well the spiralling economic, social and psychological cost of the NCDs epidemic, which disproportionately affects persons within the region of the Americas and, more specifically, the Caribbean. One quarter of all adult Barbadians have at least one non-communicable disease, and that is projected to rise to one third of all adults by 2025. The prevalence of diabetes is 14.4 per cent in adults over the age of 25 years, and hypertension rates are well over 20 per cent. Data from the Barbados National Registry confirms that cardiovascular disease is the leading cause of sickness and death in the Barbadian population.

Rising levels of obesity and overweight in our children and young adults remain a national concern.

Based on compelling public-health evidence, Barbados has taken the approach of highlighting that NCDs are a national and developmental issue that must engage the country at the highest level of leadership and governance. I am happy to report that we have achieved some successes over the past decade. Those include progress with respect to the implementation of the Framework Convention on Tobacco Control; enhanced surveillance, through the Barbados National Registry, of strokes, heart attacks and cancers; risk factor surveys; efforts to reverse the trends of obesity and the introduction of national guidelines for healthy foods.

However, much work still remains to be done. The national strategic plan for NCDs 2014-2018 provides a framework and road map for multidisciplinary and intersectoral NCD action. The road map indicates that improvements are needed in the quality of care and treatment, palliative care, monitoring and the evaluation of outcomes and the impacts of programmes, health information systems, health promotion and risk-factor reduction.

Barbados underscores the need for a multi-sectoral approach, embracing the social determinants of health, to reverse the predicted trends of the NCD epidemic. Those efforts, complemented by a robust surveillance system, primary health care, health promotion and risk factor reduction, will allow us to realize the goal of a 25 per cent reduction in premature mortality by 2025.

The targets and indicators are achievable. However, small island States, frequently characterized by limited technical, financial and human resource capacity, have very specific challenges. Competing public health priorities, an ever-increasing elderly population, new and emerging public health threats, natural disasters and the effects of climate change all impinge upon our capacity to make inroads into the NCDs epidemic. The classification of Barbados as a high-income country also poses significant challenges, as that designation severely curtails our access to concessionary financing. Continued international cooperation and assistance is therefore urgently needed.

Barbados urges the United Nations agencies, funds and programmes to strengthen their support for the Pan American Health Organization and regional public health agencies, including the Caribbean Public Health Agency. The level of engagement by the United Nations system must be commensurate with the burden of disease and the needs at the country level.

Much more remains to be done in order to realize a truly multi-sectoral approach by the United Nations system to addressing NCDs, such as was envisioned in the Political Declaration. We commend the World Health Organization for the remarkable work it has achieved, including the elaboration of the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020. We welcome the establishment of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases. However, we renew our call for an approach that goes far beyond the realm of health and harnesses the experiences and expertise of agencies, including the United Nations Development Programme, the United Nations Children's Fund, the Food and Agriculture Organization of the United Nations and the World Trade Organization.

Barbados remains committed to the purpose and direction of the strategy on NCDs, and continues its efforts to ensure that NCDs are accorded priority in the post-2015 development agenda. We will continue to collaborate with national, regional and international partners to achieve our agreed goals and targets.

Mr. Alhakim (Iraq) (*spoke in Arabic*): My country would like to thank the Secretary-General and the Director-General of the World Health Organization (WHO) for the report (A/68/650) on the progress achieved in the implementation of the Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex). I would also like to thank the President and the Permanent Representatives of Belgium and Jamaica for their efforts aimed at the adoption of resolution 68/300, the outcome document of the High-level Meeting on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases (NCDs).

My delegation aligns itself with the statement delivered on behalf of the Group of 77 and China (see A/68/PV.100).

At the outset, my country would like to underscore the importance of this meeting's outcome document. We need to redouble our efforts to achieve a world free of non-communicable diseases. We must also measure

the progress that has been achieved since 2011 in that regard.

We would also like to reiterate our commitment to support strategic and other measures at the national and international levels, efforts that are part of the Global NCD Action Plan 2013-2020 established by the World Health Assembly in 2013.

It is also important to address the causes of diseases and the risk factors associated with such NCDs as cardiovascular disease, mental health disorders and cancer, inter alia, alcohol and tobacco abuse, inappropriate nutritional regimes and lack of physical activity. I would like to recall in that regard that in 2012 the WHO Regional Committee for the Eastern Mediterranean Region adopted a regional plan of action on the basis of the Political Declaration. That regional framework provides a clear and precise road map that gives countries of the region practical experience and enables them to honour their commitments at the international level.

Iraq, like other countries of the region, has ensured that the fight against NCDs is a priority in all of our national strategies dealing with health and development. We are focusing in particular on regional strategies. Iraq is aware of the dangers of NCDs as well as the risk factors related to them. Iraq would like to institute measures to implement the principles and commitments of the Declaration, in order to make progress beyond what we have already achieved in implementing the Political Declaration over the past three years.

We have in place a national strategy and a plan of action to fight NCDs that is based on the principles of the WHO Global Action Plan. We will be giving even greater priority to supporting the national programme to fight cancer. We will establish a registry of cancer cases and make every effort for primary-health-care providers to improve data collection on NCDs. We are also contemplating measures to fight tobacco use, particularly among students. We will also promote physical activity among men and women through various programmes.

I would like to express our satisfaction at the measures already taken internationally since 2011 under the auspices of the WHO and with the full participation of all Member States. Let me stress the importance of honouring those international and national commitments and of providing adequate resources for related activities.

First, we must adopt a number of indicators of an operational nature to assess the progress achieved at the national level before the end of 2014, and we must speed up the implementation of the WHO Framework Convention on Tobacco Control. We must develop a working framework for action and ensure the participation of all concerned sectors dealing with NCDs before 2015, without overlooking the need to enable low- and middle-income countries to be able to count on the means for detecting cancer, become familiar with illnesses that may be linked to the appearance of certain cancers, access tools that enable the private sector and civil society to participate in related activities and pursue coordination between the WHO and regional offices in order to implement an international plan of action.

Finally, Iraq regrets the absence of specific indicators to measure the progress that countries will make between now and 2018, which we see as a major gap in the final document. We feel it is important to remedy the situation as quickly as possible.

In conclusion, I would stress the importance of adopting immediate measures to speed up activities designed to curb risk factors. We must — all of us — honour our commitments in order to rid the world of the NCD scourge. We hope that this high-level Meeting will further strengthen commitments by Member States and that non-communicable diseases will become a priority in every working programme and on the international agenda. Let me thank the WHO Regional Office for the Eastern Mediterranean and its Regional Director, Mr. Ala Alwan, and his team for the assistance they provide to the countries of the region, given that countries in my region are being seriously affected by these diseases.

Mr. Haniff (Malaysia): Allow me at the outset to express my delegation's appreciation to the President for convening this important High-level Meeting. I would also like to commend the facilitators, Ambassadors Bénédicte Frankinet and E. Courtenay Rattray, for their excellent work.

My delegation believes that the convening of this meeting is timely as we take stock of the progress achieved in the prevention and control of non-communicable diseases (NCD) following the adoption of resolution 66/2.

Malaysia also wishes to commend the World Health Organization (WHO) for its role in the preparation

for and the follow-up to the General Assembly comprehensive review and assessment of the prevention and control of NCDs. Malaysia takes note of the consultations convened for Member States and the work to conclude global strategies to accelerate progress in the prevention and control of NCDs.

At this juncture, Malaysia aligns itself with the statement delivered by the representative of the Plurinational State of Bolivia on behalf of the Group 77 and China (see A/68/PV.100).

The formulation of the comprehensive Global Monitoring Framework and the Global NCD Action Plan lend credence to a more optimistic outlook on the prevention and control of NCDs. The Action Plan provides a sound foundation for assisting Member States to achieve the vision of a world free of the avoidable burden of NCDs. Malaysia is encouraged by the indicators and targets set forth, as well as the action plans outlined, which concentrates on mitigating the common risk factors for NCDs, including tobacco use, alcohol abuse, unhealthy diet and physical inactivity. We are of the opinion that the indicators and targets would allow Member States to keep track of their progress in actions taken to reduce the preventable and avoidable burden of morbidity, mortality and disability due to NCDs.

Malaysia remains committed to tackling the burden of NCDs and has introduced a number of interventions into the national system in its effort to reduce the level of exposure of individuals and populations to the risk factors over the years. Tobacco and alcohol excise duties, more commonly referred to as a sin tax in Malaysia, have seen a hefty increase in the last five years. Increments in the sin tax are one of the steps taken by Malaysia with the objective of reducing the consumption of tobacco and alcohol among its population. The Government also has organized its first national NCDs conference, on the theme "The role of diet and physical activity in combating non-communicable diseases", which was held last year. The conference was organized to promote a healthier lifestyle and discourage physical inactivity.

Beyond immediate and responsive measures, Malaysia has formulated and is currently implementing its national strategic plan for non-communicable diseases. It is a medium-term strategic plan to further strengthen the cardiovascular diseases and diabetes prevention and control programme for the period 2011-2014. The strategic plan is the nation's response to the many premature deaths among Malaysians that are attributed to NCDs. The strategic plan outlines seven strategies that are inclusive, wide-ranging and all-encompassing for Malaysia to combat the many facets and aspects of the NCDs epidemic and halt the prevalence of NCDs and their risk factors, which continue to rise at an alarming rate.

The strategic plan provides greater opportunities for more effective multisectoral partnerships, where stakeholders' participation is encouraged in developing, implementing and evaluating the prevention and control of the NCDs programme. We acknowledge that the determinants of NCDs largely fall outside of the health domain and that a more holistic approach in national policies is required to combat NCDs. It is for that reason that a Cabinet committee, led by the Deputy Prime Minister and including 10 ministries, was established to allow for a broader outlook in the formulation of national policies in the prevention and control of NCDs. Partnerships between Government agencies, non-governmental organizations and professional bodies were also established to allow for broader deliberations on NCD regulations.

Malaysia's strategic plan is in conformity with the WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020. Under its national strategic plan, Malaysia has introduced policies and taken steps to regulate the food industry. For instance, in August 2013, the Ministry of Health of Malaysia launched guidelines on the marketing of food and beverages to children. They aim to alter the increasing and worrying obesity rates among school children in Malaysia.

One major challenge that we face is identifying a common regional response. That is due to the complexities of NCDs and their risk factors, which cut across borders, as well as the capacity of each Member State to respond to the NCD epidemic. To assist countries in the South-East Asia region in formulating national multisectoral policies and plans for NCDs, Malaysia co-organized a high-level regional meeting on national multisectoral action plans for NCD prevention and control with the WHO in Kuala Lumpur in June 2012. In sharing best practices and lessons learned, Malaysia will continue to be supportive of the WHO's efforts to provide platforms for Member States to learn from one another's experiences.

At the regional level, the States members of the Association of Southeast Asian Nations (ASEAN) established the ASEAN Task Force on NCDs as part

of an effort to mount a coordinated regional response to the NCD epidemic. The mandate of the Task Force was further strengthened by the adoption of the Bandar Seri Begawan Declaration on Non-communicable Diseases by ASEAN Heads of State and Government on 9 October 2013. The Declaration, among other things, calls for the acceleration of the implementation of the "health in all policies" approach to mitigate the risk factors of NCDs in the region.

Moving forward, Malaysia commends the recommendation put forward by the WHO Director-General in her report to accelerate progress in the prevention and control of NCDs. Malaysia also calls for broader engagement by additional actors and donors, including the private sector, given that the NCD burden is large and the cost of development challenges remain overwhelming, at both the national and regional levels.

In conclusion, Malaysia wishes to reaffirm its commitment to the fight against NCDs. Malaysia is committed to ensuring that reducing the burden of NCDs and achieving universal health coverage are featured prominently in the post-2015 development agenda.

Mr. Jaime Calderón (El Salvador) (*spoke in Spanish*): El Salvador is grateful for the initiative of holding this High-level Meeting, which enables us to carry out a comprehensive review of the progress achieved in the prevention and control of non-communicable diseases. This is an issue of great importance in El Salvador, as chronic non-communicable diseases pose one of the biggest challenges facing our health-care system owing to the large number of people affected, the complexity of addressing them and the high costs of prevention and treatment.

High blood pressure and diabetes are the main chronic non-communicable diseases that lead individuals to visit the network health-care facilities in El Salvador. Recognizing that those diseases are preventable and that their impact can be significantly reduced, the Ministry of Health, with interinstitutional and intersectoral participation, has developed a national strategic plan for a comprehensive approach to chronic non-communicable diseases, which is awaiting approval. I am also pleased to announce that, last April, El Salvador ratified the Framework Convention on Tobacco Control of the World Health Organization (WHO), in recognition of the appeal made in the 2011 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex).

In order to promote healthy eating habits among the population and prevent individuals from becoming overweight or obese, as determining factors of chronic diseases, since February of last year the Ministry of Health has been developing and implementing dietary guidelines for the population. We have also developed a national food and nutrition security policy.

Significant progress has been made as part of our comprehensive health-care network in preventing and treating cancers that are prevalent in our country, as well as in improving the capacities of health-care providers to meet the demand for care.

El Salvador has designed and implemented technical health-care standards for individuals throughout the life cycle. We are therefore pleased that the outcome document (resolution 68/300) of this High-level Meeting recognizes the importance of preventing and controlling non-communicable diseases throughout a person's life cycle.

We agree that, although considerable progress has been made in the prevention of these diseases, that progress is still inadequate. We thereore reiterate the main role and responsibility of Governments in that regard. At the same time, however, we also believe that the participation of all sectors is essential to provide a comprehensive response to chronic non-communicable diseases and achieve a reduction in risk factors that can be altered.

We also underscore the importance of continuing to strengthen international cooperation in support of national, regional and global plans for the prevention and control of non-communicable diseases. We acknowledge the leadership of the WHO and the Pan American Health Organization in that regard.

We agree that cardiovascular or respiratory diseases, diabetes mellitus or cancer account for most of those diseases. We also agree that they are caused by risk factors such as tobacco or alcohol use, unhealthy diets and physical inactivity, which require public policy and intersectoral action. However, El Salvador wishes in particular to mention chronic kidney disease, which severely affects our country and other Central American countries. The disease is related to environmental and occupational factors. In El Salvador in 2010, that epidemic was the principal

cause of hospital deaths among men aged between 20 and 60 years of age, and the fifth-highest cause of death among the general population as a result of exposure to heavy metals and/or agricultural chemicals. The epidemic requires the robust support of Governments, international cooperation, the setting of new priorities, sectoral strategies and increased budgetary allocations.

Appendix 1 of the Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020 of the World Health Organization demonstrates that a comprehensive response to the prevention and control of non-communicable diseases should take into account the link with other conditions, such as exposure to environmental and occupational hazards, pollution and the indiscriminate use of agrochemicals in agriculture, as well as mental disorders, demographic changes and violence.

In that regard, El Salvador makes a special appeal for the international community to consider the synergies between non-communicable diseases and the conditions described in appendix 1 that I have just mentioned. That will help to develop a comprehensive response to the prevention and control of non-communicable diseases by acknowledging the conditions in which people live and work, as provided for by paragraph 30 (f) of the outcome document of this High-level Meeting (resolution 68/300).

El Salvador takes this opportunity to reaffirm its strong commitment to moving forward and to continuing to promote actions to prevent and control non-communicable diseases with the cooperation of various sectors. We thank Member States, as well as regional and international organizations, in advance for their support.

Mr. Guldvog (Norway): Today is a truly promising day for the prevention and control of non-communicable diseases (NCDs). Many wise and dedicated statements have been made here today.

Norway notes with satisfaction the fact that the World Health Organization has fulfilled the tasks called for in the 2011 Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex), most notably the global monitoring framework for NCDs, including voluntary targets and indicators and the establishment of a global coordination mechanism for NCDs.

It is now time to translate political awareness into the implementation of national policies. The 2011 High-level Meeting recognized that NCDs could not be tackled by health ministers alone but only by Governments as a whole. Action must be multisectoral. The health-care, education, transport, environment, finance, city planning and agriculture sectors must be engaged and committed to action.

One familiar but important example entails improving public transport, creating pedestrian zones in cities, improving the environment and promoting more active citizens, thereby preventing obesity and reducing the NCDs related to polluted air. Another message was that of mobilizing the resources of non-State actors to foster the necessary changes. Government action alone is not sufficient. We need the resources and knowledge of non-State actors and civil society partners in our work. We must make them partners. They can make significant contributions provided that public health safeguards are properly in place.

The question of how to finance national strategies on NCDs is frequently raised. However, as Helen Clark of the United Nations Development Programme said earlier today (see A/68/PV.100), many interventions cost little or may even raise Government income. Increased taxation on tobacco is a good example, with a proven effect on behaviour and higher State revenue.

The implementation of effective measures to counter the NCD epidemic requires political will. A first step is therefore committing our Governments to national targets and to implementing measures. From that starting point we can adapt the toolkit of the World Health Organization to our national settings, while mobilizing resources in the public, civil and private sectors and building our NCD strategies on that basis.

The 2011 Political Declaration acknowledged NCDs as a major development challenge of the twenty-first century, which are undermining social and economic development globally and threatening the achievement of international development goals. There is ample evidence that NCDs must be addressed by Member States that wish to strengthen their social and economic development. The High-level Meeting in 2011 helped to prepare the ground for including NCDs in the new post-2015 sustainable development goals. We strongly support such inclusion.

Reducing premature mortality by 25 per cent by 2025 can be achieved only through the implementation

of concrete and multisectoral measures by Governments at the national level. That is the major challenge facing us now.

Mr. Freeman (South Africa): South Africa would like to add its voice in extending its deepest appreciation to the co-facilitators, the Permanent Representatives of Belgium and Jamaica, for their tireless efforts in preparing the outcome document before us today (resolution 68/300).

We align ourselves with the statement delivered by the representative of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100).

While non-communicable diseases (NCDs) have traditionally afflicted mostly high-income populations, the documented increase in poorer countries has made NCDs a major development concern for all countries. It is therefore imperative that we employ mitigating strategies and frameworks in order to prevent the debilitation of our productive populaces. We need to further facilitate public awareness and advocacy campaigns that seek to focus public attention on the risk factors related to NCDs. Importantly, we must ensure that NCDs are an integral part of the post-2015 development agenda. Their health implications are far-reaching and inclusion is particularly important, since NCDs were not a part of the Millennium Development Goals.

Like most developing countries, South Africa has many competing needs. The increasing burden of NCDs is therefore placing additional pressure on our already limited resources. Like most countries on the continent, we are grappling with other diseases such as HIV and AIDS and tuberculosis, as well as with maternal and child mortality. Notwithstanding that, we realize the importance of increasing the focus on NCDs.

In a bid to address the challenges posed by NCDs, South Afrcia has set itself 10 specific targets for the prevention and control of NCDs that largely complement the nine global targets agreed at the sixty-sixth session of the World Health Assembly. We have already introduced a number of legislative and other programmes to assist in reaching our ambitious goals. For example, we have introduced regulations on trans fats in foods, and regulatory targets for the amount of salt permitted in a number of different foodstuffs. We are supplementing that regulation with a major awareness campaign on salt intake and health.

Moreover, given the high levels of the harmful use of alcohol and its impact not only on NCDs but also on communicable diseases, violence and injury, South Africa has established an interministerial committee, made up of 35 ministers, which targets issues such as accessibility, enforcement, the age of legal drinking, the amount of alcohol permitted when driving and taxation. The draft legislation on a full ban on alcohol advertising and sponsorship will soon be presented to our Parliament.

We are of the firm view that an effective health system to deal with the burgeoning NCD epidemic is critical to the control of NCDs. In this case, the tragedy of HIV, the health platforms that have been developed to care for people suffering from that chronic disease, and the comprehensive lessons learned in dealing with people living with HIV are being successfully utilized to benefit people requiring chronic NCD care. Integrated chronic care, irrespective of its etiology, is being rolled out in South Africa and is already benefiting patient care, quality of services and, in particular, the many people suffering from more than one chronic disease.

A vital step in the right direction for South Africa has been the introduction of the human papillomavirus (HPV) vaccination for young girls to prevent cervical cancer. With GAVI Alliance support, South Africa this year introduced a school-based HPV programme. In the first round, we vaccinated over 330,000 girls. We strongly believe that this intervention not only will save lives but is also cost-effective. We propose that countries globally be encouraged to adopt such an intervention.

Lastly, South Africa supports multisectoral action through sustained actions across sectors that contribute and support the implementation of the World Health Organization Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020. There is also a need to promote policy coherence across sectors, such as trade and investment, and to protect policy space for NCD prevention and regulation. We also need to work as a collective in the battle to effectively address the key causes of NCDs, with the emphasis on tobacco use, the harmful use of alcohol, unhealthful foods and lack of physical activity.

Ms. Farjas Abadía (Spain) (*spoke in Spanish*): It is an honour for me to represent the Ministry of Health, Social Services and Equality of the Kingdom of Spain at this High-level Meeting, where we have an opportunity

to reaffirm the support of the Government of Spain for the Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases, adopted in September 2011 as resolution 66/2, annex, and ratified in resolution 68/300, which we adopted this morning.

The Declaration represents a milestone in the global fight against non-communicable diseases, and it is a fact that since 2011 we have witnessed increased attention to these diseases in national and international health agendas. In that regard, we particularly welcome the leadership of the World Health Organization, which is reflected in its Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020, the agreed objectives and indicators, and the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases.

Spain has a national universal health-care system, which is accessible and free of charge to all Spaniards and legal residents. We have worked for many years to reduce the impact of non-communicable diseases in order to improve the autonomy and quality of life of citizens, guarantee equality at all medical levels, and contribute to the social and economic growth of our population. This work has been laid out through various strategies in different areas, some of which I should like to share with the General Assembly.

In the year 2010, Spain adopted new legislation on health measures related to tobacco, limiting tobacco consumption in public spaces and increasing the number of spaces free of tobacco smoke. That legislation has contributed to reducing morbidity and mortality due to cardiorespiratory and cardiovascular diseases. For example, in the brief period between 2009 and 2011, hospital admissions for heart attacks were reduced by 3.8 per cent, and we saw a 90 per cent reduction of air pollution in restaurants.

Moreover, in June 2012 we adopted a strategy for treating chronic diseases in the Spanish health-care system. The strategy identifies 20 objectives designed to reorient health services towards prevention and comprehensive care for chronic diseases. In December 2013, we adopted a strategy for the promotion of health and disease prevention in the national health-care system, promoting healthful lifestyles and environments. It proposes programmes in the areas of nutrition, physical activity, tobacco, alcohol, accidental injuries and emotional well-being.

In both strategies, we consider instruments and rationales for coordination between health-care and social services, in addition to focusing on health care at every policy level. In this effort, we enjoy the active participation of public administration, health-care professionals, scientific societies and patients associations. The Government of Spain is also committed to the fight against obesity, especially in children, through our Nutrition, Physical Activity and Obesity Prevention Strategy, launched in 2005. We are working with the private sector on agreements designed to reduce the salt and fat content in foodstuffs, to which a growing number of food enterprises are adhering.

In conclusion, I affirm that Spain is committed to continuing to cooperate with the initiatives of the European Union, the World Health Organization and other United Nations agencies in reducing the impact of non-communicable diseases, for example through the exchange of information and good practices among Member States, in the shared objective of adding years and quality to the life expectancies of our populations.

Mr. Meza-Cuadra (Peru) (*spoke in Spanish*): I would like to stress the importance of convening this High-level Meeting on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases, and to convey our thanks to the facilitators, Belgium and Jamaica, for their hard work in drafting the outcome document contained in resolution 68/300. Positive results, I am sure, will be seen from the implementation of the Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex), adopted in 2011, while the national multisectoral responses of many interested parties in the prevention and control of this group of diseases will be stepped up.

We are concerned that sedentary lifestyles, alcohol consumption, tobacco-smoke exposure and inadequate nutrition, among other risk factors, are increasing the numbers of people in our societies who experience metabolic disorders, cardiovascular disease, types of neoplasia and other incapacitating diseases that impact the quality of life and have economic and social consequences, including death.

Over the past 30 years, shifts in epidemiology in Peru have revealed a high level of non-communicable diseases in the population; we have therefore intensified our efforts to prevent and control such diseases, particularly in the most vulnerable populations.

We agree that in order to reduce and control non-communicable diseases, we need to promote healthful lifestyles and environments, with an ongoing focus on rights, gender equality and multiculturalism. We are therefore concerned that tobacco is the second most consumed drug after alcohol. Tobacco, tar and other chemicals contained in cigarettes lead to close to 16,000 deaths per year in Peru. We have adopted new regulations to reduce consumption of and exposure to these items, thereby protecting individuals, families and communities against the health, social, environmental and economic consequences of exposure to tobacco and ensuring that tobacco products are marketed in a responsible manner.

We believe that physical activity is important for the prevention and control of non-communicable diseases. In Peru, as in many other countries, on average one out of every two citizens does not engage in any sport. The situation in that respect for people in urban areas, the less educated and lower-income families is even more critical. In that regard, my country is working to regulate, guide and carry out organized and effective initiatives to promote the adoption of healthy behaviour through activities to promote health. We are also working with regional and local Governments to promote physical activity and healthy nutrition.

The Peruvian Government is intent on fighting existing malnutrition and hunger. In 2013, we promulgated a legal framework for the promotion of healthy activities for boys, girls and adolescents to effectively promote and protect the right to public health care, growth and the adequate development of individuals. Moreover, according to the World Health Organization, Peru has reduced child malnutrition by 17.5 per cent. This and other successes earned Peru the recognition of the United Nations Food and Agriculture Organization as one of the 16 countries of the world that have achieved the Millennium Development Goal to reduce by half the total number of people suffering from hunger.

With respective to the normative progress achieved in the prevention, control and reduction of cancer, in 2012 my country promulgated a national plan to ensure comprehensive cancer care and improve access to oncological services known as Plan Hope, in a phased manner commensurate with technical developments and available resources.

Peru recognizes the importance of the prevention and control of non-communicable diseases and believes that health care and education are the pillars of a nation's social development. A key factor in that regard is the need for integrated work among all sectors of society. We therefore encourage the international community to intensify its efforts to prevent and control non-communicable diseases and to promote, establish, support and strengthen national multisectoral plans and policies for the prevention and control of these diseases.

Mr. Maaroufi [unbold morocco](Morocco) (*spoke in French*): I would first like to thank President Ashe for organizing this meeting, which is of capital importance to the international community and to which my country attaches particular interest. I also want to thank the Director General of the World Health Organization for her statement this morning (see A/68/PV.100) and for her unwavering commitment to combating non-communicable diseases.

My delegation associates itself with the statement made by the representative of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100).

I am honoured to participate in this High-level Meeting on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases. The Kingdom of Morocco reaffirms its commitment to the implementation of the 2011 Political Declaration of the High-Level Meeting on the Prevention and Control of Non-communicable Diseases. Morocco attaches high priority to national policies and plans aimed at creating and promoting conditions conducive to the prevention and control of non-communicable diseases, in particular mental and degenerative diseases, as well as the fight against their risk factors and all of their determining factors.

Thanks to a very high level of political commitment and a national collective leadership headed by the First Lady of Morocco, Her Royal Highness Princess Lalla Salma, Morocco has had considerable progress in the prevention and control of non-communicable diseases, in particular cancer. In fact, the Government of Morocco's plan for 2012-2016 makes the prevention and control of non-communicable diseases an important strategic goal in meeting the challenges they pose. Furthermore, Morocco has adopted the World Health Organization (WHO) Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020. It has identified national targets, taking into account the nine WHO global voluntary targets. A multisectoral plan of action to prevent non-communicable diseases

and promote a healthy lifestyle is now being developed with other non-health sectors.

Moreover, in order to improve access to preventive and curative health services, Morocco has invested a great deal of resources in establishing a basic medical coverage regime to achieve the goal of universal health coverage. This basic medical coverage regime is based on two pivotal programmes. The first is a programme of mandatory health insurance designed to cover the active salaried population. The second is a medical assistance regime for economically disadvantaged individuals that now covers the entire poor population. Thanks to these two programmes, approximately 60 per cent of the population of Morocco now has health insurance. A third programme of medical coverage for self-employed workers is now being developed and established.

Regarding the commitments contained in the outcome document of this High-level Meeting (resolution 68/300), Morocco supports and approves the agenda and measures proposed therein to combat non-communicable diseases. Our country is already part of this dynamic process, despite all the obstacles and challenges linked to the management of these diseases. In that regard, we believe that the international community must attach critical importance to this issue in order to help developing countries to reduce the level of exposure of their populations to risk factors for non-communicable diseases and to effectively and equitably respond to the needs of populations or persons suffering from these illnesses. That is why we wish to emphasize the following three points.

First, we must integrate the fight against non-communicable diseases and the fight against their risk factors in global development initiatives, in particular the post-2015 development agenda. Secondly, we need to mobilize more financial resources for developing countries in order to help them bear the very high cost of multisectoral interventions against non-communicable diseases. Thirdly, we must promote South-South cooperation and triangular cooperation, which are a fundamental pillar of the fight against non-communicable diseases in the developing countries.

Mr. Smyth (Australia): It is an honour to represent Australia at this High-level Meeting to review our achievements and measure our progress against the commitments we made in the 2011 Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex). Non-communicable diseases (NCDs) impose large but often preventable health, social and economic challenges in countries and regions. NCDs remain a major cause of poverty and are undermining development gains and economic growth around the world.

Australia commends the World Health Organization (WHO) for its leadership on that global health agenda. The WHO NCD monitoring framework and visionary Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020 have been especially useful in tracking Australia's progress on the prevention and control of NCDs. We also recognize the effectiveness of the WHO comprehensive global coordination mechanism and the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases in encouraging Member States and the United Nations system to make evidence-based, effective and results-oriented investments for NCD prevention and control.

Through Australia's aid programme, we work with partner Governments to improve systems and policies that deliver better health in our region, including through financing, access to medicines and increased availability of skilled health workers to reach the poorest and most marginalized populations. We will prioritize the empowerment of women and girls and invest in maternal and child health and nutrition programmes in our region. We recognize the importance of good nutrition in the prevention and management of NCDs. In particular, we acknowledge that several countries in our region continue to face high numbers of undernourished children at the same time as they respond to increasing overweight and obesity rates. That is the double burden of poor nutrition, leading to NCDs. It is a significant challenge, so we will continue to pursue partnerships with multilateral health agencies, civil society organizations and the private sector to ensure that we achieve our investment outcomes in a cost-effective manner.

At the international level more broadly, Australia has provided input to the Commission on Narcotic Drugs and to the World Health Organization on improving appropriate access to medical opiates for pain relief and palliative care, emphasizing the need for multisectoral action and engagement across the Member State community.

Australia is working hard domestically to address NCDs. The Australian Government is currently

developing a national diabetes strategy to improve the coordination of systems and services at the national level. With the support and engagement of a range of food industry stakeholders, non-governmental organizations and health professionals, we have developed a new food labelling system to be rolled out over the next five years. That voluntary system will provide relevant and accessible nutrition information and guidance on packaged food products so that consumers of all ages can make informed choices about the foods they eat.

The Sporting Schools Initiative is also part of Australia's commitment to tackling increasing levels of obesity among children by encouraging their participation in sport-based activities before, during and after school. By sending positive health messages to children and young people, we can help them develop the skills, habits and knowledge they need to reduce their risk of developing lifestyle-related chronic diseases as adults.

We are also especially proud of our record in reducing tobacco use in Australia. Australia has been a strong supporter of and has utilized the Framework Convention on Tobacco Control to implement significant tobacco-control measures, including the introduction of mandatory plain packaging. Preliminary data suggest that the total consumption of tobacco and cigarettes is at the lowest levels ever recorded in Australia. Our latest survey data from 2013, representing 12 months following the introduction of plain packaging, will be released shortly. We will then see if the tobacco industry's claim that plain packaging would lead to an increase in smoking rates has any validity. We are aware that other member States recognize the potential of mandatory plain packaging on tobacco products, and we welcome opportunities for further discussion on that with any interested delegations.

Those are just a few examples to illustrate Australia's commitment to addressing the impact of NCDs on individuals and communities through high-quality primary health care and secondary prevention. But we also recognize that addressing NCDs is not just an issue for the health sector. Our domestic and international health programmes on NCDs include disease-specific strategies and initiatives that target specific population groups of all ages and that recommend multisectoral action to tackle risk factors that are common to a range of diseases. We look forward to an informative and interactive exchange over the next two days, and welcome the adoption of the outcome document (resolution 68/300) early in the meeting. That document presents a comprehensive analysis of the progress we have made on the prevention and control of NCDs and charts an action-oriented path forward that we can all strive to follow.

Mr. Ushio (Japan): At the outset, on behalf of the Japanese delegation, I would like to express my gratitude for the opportunity to deliver a statement at this High-level Meeting on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases (NCDs).

I would also like to express my sincere respect and appreciation to Secretary-General Ban Ki-moon; Ms. Margaret Chan, Director General of the World Health Organization (WHO); and Ms. Helen Clark, Administrator of the United Nations Development Programme, for their outstanding efforts in successfully convening this Meeting.

Even now, with fewer than 540 days left to achieve the Millennium Development Goals, we have been given the new task of devising future health strategies and reaching agreement on the post-2015 global health agenda. That task comes also in the context of the ever-increasing burden of non-communicable diseases, not only in developed countries but also in developing ones. Developing countries therefore face the challenge of having to address the double burden of communicable diseases and NCDs.

Active discussion of the issue of global health is ongoing in such forums as the Open Working Group on Sustainable Development Goals through the formulation of a post-2015 development agenda. In that context, we sincerely welcome this High-level Meeting on NCDs, which aims to stave off the threat of NCDs, itself one of the many important steps needed to ensure sustainable development.

Today, over 60 per cent of annual global mortality is attributable to NCDs. Yet, as their development and progression are inextricably linked to lifestyle-related behaviours, NCDs are largely preventable through the implementation of appropriate measures. In tackling NCDs, it is essential to ensure a comprehensive approach that includes prevention, diagnosis and treatment. In addition, it is important to ensure that all three of those aspects are working in parallel, and that health-care systems themselves are stable and sustainable.

My delegation believes it crucial that all patients with NCDs be able to access essential health services without suffering crushing or untenable financial burdens. In that regard, Japan reiterates that it is indispensable for NCDs to be addressed through the achievement of universal health coverage that ensures access to essential health services for all individuals, while protecting them from financial risk. Furthermore, it is also important to address the social and environmental determinants of health in the prevention of NCDs. We expect a multisectoral or so-called health-in-all policy approach to be established towards that end.

Japan has had a universal health insurance system extending to all citizens for the past 50 years. We were able to establish our low-cost and equitable system even at an early stage of Japan's economic development, and the system has enabled us to greatly decrease such burdens as child mortality and the mortality rate for cerebrovascular disease. My delegation believes that in part through the establishment of universal health coverage and all its attendant benefits, Japan managed to achieve its world-famous high standard of health and exemplary health indicators, including one of the longest average life expectancies in the world.

In 2013, Japan revised the policy on its national health promotion movement for the twenty-first century in order to advance the overall movement and encourage the improvement of healthy lifestyles. Furthermore, in order to address issues related to cancer, cardiovascular disease, chronic obstructive pulmonary disease and diabetes, the second term of Health Japan 21 promotes primary prevention through behavioural changes, including physical exercise and improvements in dietary patterns, and focuses on the prevention and control of the more severe complications of these diseases.

In addition to voluntary personal preventive measures, such as improving one's nutrition and diet, increasing one's physical activity and exercise, and the reduction or cessation of drinking and smoking, we are also encouraging and strengthening the promotion of health through social policies. Staying healthy enables people to exercise choices, pursue greater opportunities and plan for the future. Health is one of the most essential components of human security, which Japan regards as an important and crucial element in the achievement of sustainable, inclusive and equitable economic growth.

Allow me to conclude my remarks by expressing the ardent hope that NCDs will be included as an important issue in the context of setting the post-2015 development agenda, and our belief that stronger implementation of measures against NCDs will help avert millions of deaths and untold suffering from these preventable diseases.

Mr. Ghali (Canada): The Government of Canada remains concerned over the high rates of non-communicable diseases (NCDs). As in other countries, NCDs are a leading cause of death in Canada and reduce our quality of life. The 2011 Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex) put a priority on prevention, and our newly adopted outcome document (resolution 68/300) renews and reaffirms that priority. Both high-level documents recognize the role and responsibility of Governments in responding to the challenge.

In Canada, for the past 10 years all levels of Government have demonstrated leadership in addressing NCDs. As an example, Government tobacco- control measures have reduced smoking levels in Canada to a historic low. Since 2011. we have responded to the charge of the Political Declaration by reinforcing our efforts to address NCDs, in collaboration with our provinces and territories, by placing an initial focus on childhood obesity and the promotion of healthy weights.

The Political Declaration also recognizes the essential need for the efforts and engagement of all sectors of society in order to generate effective responses. Canada warmly welcomes the participation of stakeholders from outside Government as part of that review. In 2010, Canada's Health Ministers affirmed that all-of-society approach to public health, stating that health promotion is everyone's business in our milestone declaration on prevention and promotion.

We know that public-health challenges, such as the prevention of NCDs, need collaborative action. That is why communities, academia, the not-for-profit and private sectors, and all levels of Government must and are coming together for meaningful and lasting change. By working together, the Government and our partners are leveraging knowledge, expertise, reach and resources, allowing each to do what it does best in working towards the common shared goal of producing better health outcomes. For example, we have seen the tangible benefit of that approach through

the Canadian Partnership against Cancer, an innovative knowledge-based, arm's-length organization that brings together diverse partners to implement the Canadian strategy for cancer control.

While our underlying principles around prevention and health promotion remain the same, we as a federal Government are committed to working differently, with the goal of lasting change. For example, we have moved upstream from a disease-specific approach towards a focus on common risk factors, as we committed to doing in 2011. We have broadened our engagement with the public and with decision-makers through more open access to our data and knowledge products and an increased focus on policy-relevant indicators.

Finally, we have redesigned and launched a new multisectoral partnership approach to our federal funding. That means that our funding in healthy living and NCD prevention is focused on supporting our most innovative and transformative ideas, in collaboration with all sectors in Canada, and moving from simple awareness-raising to initiatives that target real behavioural change.

Importantly, our investments are tied to performance and results, which amplifies the impact of our public-health programmes. We know that there is no one-size-fits-all solution and recognize the challenge before us. Bringing about the change that we seek will require work at home and globally. Through this review, we can share our experiences and learn from each other, and through collaboration and innovation we can accelerate the speed of change and improve the health and lives of people around the world.

Mr. Persaud (Guyana): The Government of Guyana reaffirms its commitments as reflected in the 2011 Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex).

My delegation aligns itself with the statements delivered by the representatives of Bolivia, on behalf of the Group of 77 and China, and of Suriname on behalf of the Caribbean Community (see A/68/PV.100).

Non-communicable diseases (NCDs) are a growing threat to the development of our societies. They are now rightly acknowledged to be a major development challenge of the twenty-first century as the leading cause of death worldwide. Almost two thirds of all global deaths are due to NCDs. Guyana joins our fellow members of the Caribbean Community in calling for continuing efforts at all levels to address that threat to sustainable development.

My Government continues to place great emphasis on curbing the threat of non-communicable diseases. Guyana launched its multisectoral national health strategy, Health Vision 2020, and its NCD strategy in 2013, with the defined time frame of 2013-2020. Utilizing a multisectoral approach, the Ministry of Health continues to promote a comprehensive wellness programme throughout the country. The Ministry actively engages in and promotes media campaigns to highlight the damaging effects of tobacco and alcohol abuse, while public campaigns are a part of the health sector's goal to promote healthy lifestyles, especially with regard to diet and physical activity. The Ministry supports regular medical outreach efforts throughout the country to further sensitize the public about the non-communicable disease epidemic.

With respect to national health-care systems, Guyana believes that cost-effective interventions to combat the spread of non-communicable diseases are necessary. In that regard, we recommend screening for the prevention of cervical cancer that includes methods such as visual inspection using acetic acid, linked with timely treatment of precancerous lesions.

At the global level, we recognize the good work of the World Health Organization in raising awareness on the prevention and control of NCDs. In that regard, the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020 and its indicators and global monitoring framework constitute an integral part of the development of national planning in health. At the same time, the national efforts of developing countries in combating non-communicable diseases face major challenges. The national public health burden places stringent challenges on national budgetary allocations. In that regard, my country also supports the call for the adequate mobilization of resources, both domestic and external, to support the implementation of national efforts. More equipment, reagents and medical supplies are still needed for community health centres and hospitals to ensure that they are stocked with the necessary items to continue to fight against NCDs.

The development challenges posed by NCDs have negative economic, social and environmental consequences on our evolving societies. As we continue our discussion on the post-2015 development agenda, we must renew our focus on non-communicable diseases

as part of the global health agenda of preventing ill health and deaths.

In conclusion, I wish to note that a few years ago HIV and AIDS stood in the same position that NCDs now occupy. However, after intense response the battle against HIV and AIDs has seen impressive progress. No less a result is expected with NCDs. In that regard, we look forward to strong leadership and political will, as set out in the 2011 Political Declaration, and to commitments reflected in the outcome document of this meeting (resolution 68/300). My Government therefore reaffirms these commitments and pledges its support as we move forward in our quest to prevent and control this epidemic facing our society.

Mr. Tilluckdharry (Trinidad and Tobago): Trinidad and Tobago aligns itself with the statements delivered by the representatives of Bolivia, on behalf of the Group of 77 and China, and of Suriname on behalf of the Caribbean Community (see A/68/PV.100).

We also join other delegations in welcoming the convening of this High-level Meeting on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases (NCDs). It is most opportune in the light of the ongoing discussions to shape the post-2015 development agenda. NCDs must be adequately addressed in this new global development agenda.

In Trinidad and Tobago, non-communicable diseases — particularly heart disease, cancer, diabetes and cerebrovascular diseases — account for over 60 per cent of all deaths. There is also a high exposure to the four common risk factors associated with the four most prevalent NCDs, which are tobacco use, the harmful use of alcohol, physical inactivity and unhealthy diets. Subsequent to the hosting of the landmark High-Level Meeting on the Prevention and Control of Non-communicable Diseases in 2011 and, even earlier, following the adoption of the 2007 Declaration of Port-of-Spain: Uniting to Stop the Epidemic of Chronic NCDs, Trinidad and Tobago had implemented a number of strategies to address specific areas in the fight against non-communicable diseases. These relate to the establishment of a multisectoral mechanism and multisectoral actions to address NCDs, taking measures to reduce exposure to the four common risk factors, establishing national targets in line with global targets to reduce the development of NCDs, integrating NCD care into all primary health-care centres, and embarking on an active campaign to create healthy environments and promote healthier lifestyles.

In that regard, the Government of Trinidad and Tobago created two specific initiatives. The first is the Partners Forum Working Committee for Action and NCDs, which adopted a whole-of-society and whole-of-Government approach to this significant challenge, and created a platform for private-sector and civil-society groups to work in partnership with the public sector to address the prevention and control of NCDs. The second initiative was the establishment of a committee on the social determinants of health, among other things, to utilize a health-in-all-policies approach that promotes conditions to reduce the social, economic and environment risk factors of NCDs.

Another important initiative has been the Chronic Disease Assistance Programme, which provides medications free of charge for several NCDs. A recently concluded evaluation by the Pan American Health Organization showed that, from 2004-2008 in Trinidad and Tobago, cardiovascular disease mortality rates significantly declined by 5,207 deaths, 3,038 male and 2,169 female. In total, the age-adjusted mortality rate has dropped 18.8 per cent since 2004, with the effect growing over time. The study concluded that the drop in cardiovascular disease mortality rates observed in Trinidad and Tobago was most likely the result of preventative treatment under the Chronic Disease Assistance Programme.

Trinidad and Tobago also recognizes the critical importance of health education and health literacy at all levels. Consequently, the Health Education Division of the Ministry of Health has developed several health education and information strategies and programmes in and out of schools, and through public-awareness campaigns based on data collected, which have identified the issues about which awareness was critically needed. The Ministry of Health is also working to strengthen and create health-promotion environments, implementing measures to restrict the sale of unhealthy foods in schools, establishing a national oncology centre to provide best-in-class cancer care, the introduction of the human papillomavirus vaccine as a preventative strategy for cervical cancer, and integrating smoking-cessation clinics into primary health care. A number of programmes have also been implemented to improve screening, treatment and care, and to enable citizens to make healthier choices in order to prevent NCDs or to manage living with them.

While progress has been made, challenges persist that affect our ability to address the incidence of NCDs at the national level. These include the growing incidence of childhood obesity, the need for technical assistance to build capacity, including in the area of NCD surveillance, working with the manufacturing sector to reduce salt, sugar and fat in foods, and access to resources help the shift from commitment to action. Trinidad and Tobago also submits that there is a need to strengthen legislation for the prevention and control of NCDs and for a supportive and enabling international environment in order to bolster such action, particularly in small States such as ours.

Trinidad and Tobago remains fully committed to addressing NCDs and to ensuring that they remain on the international agenda so that we can all work together to address not only the health-related consequences of these diseases but also, most importantly, the significant human and socioeconomic development challenges that exist as a result. Evidence strongly supports the view that the collective and multisectoral approach is required; that prevention and health-promotion strategies should be strengthened, adequately funded and prioritized; and that solutions are not merely medical, but must address social determinants that often cause ill health, in order to effectively address the non-communicable-disease challenge.

As the United Nations continues to tackle this issue, Trinidad and Tobago looks forward to the active involvement of the United Nations Inter-Agency Task Force on the Prevention and Control of NCDs. It also supports the Member States in the strengthening of their national capacities as required, and in better understanding and addressing the development challenges that persist as a result of NCDs prevalence.

Mr. Ntwaagae [unbold]**(Botswana)**: At the outset, allow me to join other delegations that have taken the floor before me in thanking the President for convening this High-level Meeting. My delegation aligns itself with the statement delivered earlier today by the Permanent Representative of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100). We wish to express our gratitude to the President for his leadership and his continued efforts to galvanize action on the prevention and control of non-communicable diseases (NCDs) at the global level. We also recognize the work of the World Health Organization and other relevant stakeholders in that regard. All those efforts are instrumental in guiding our national response to NCDs.

Botswana attaches great importance to the prevention and control of NCDs. In that regard, we welcome this opportunity to contribute to the review and assessment of the progress achieved in the prevention and control of NCDs, as mandated by the General Assembly in 2011. We thank the Secretary-General for the report of the World Health Organization on the prevention and control of NCDs (A/68/650).

When our leaders met here in 2011, it was the first High-level Meeting on the Prevention and Control of Non-communicable Diseases and a unique opportunity for the international community to take action against NCDs as a global priority. The significance of that meeting was the recognition that we could no longer ignore the rising epidemic of NCDs and their immense negative impact on the socioeconomic development of countries and the well-being of our peoples around the world. The meeting brought much-needed global attention to the issue. We are committed to taking action and to setting ourselves ambitious targets for a world free of the burden of NCDs. However, we recognize that the challenges facing us are still immense.

The report of the World Health Organization highlights the insufficient and uneven progress achieved in the prevention and control of NCDs. We also note with concern the new dimensions to the challenge of NCDs stated in the report, which include the vast majority of premature deaths of individuals caused by NCDs. We also note that those premature deaths are linked to exposure to risk factors and weak health systems that do not respond effectively to the heath-care needs of people with NCDs.

As underscored in the same report, Botswana is also concerned about the exorbitant costs of NCDs, which continue to force millions of people, especially in Africa, into poverty and stifle development. However, my delegation believes that the international community should not be deterred by the magnitude of the problem and the limited progress achieved to date. In that regard, we are encouraged by the bold actions and initiatives undertaken by many countries, including my own, to combat NCDs. The development and implementation of policies and programmes in a growing number of countries provide a strong foundation to accelerate progress.

To that end, I wish to emphasize the need to put to use the lessons learned and the evidence of what works in order to scale up our efforts and to build on the progress achieved. Furthermore, the recommendations in the report of the World Health Organization also provide the basis for actions that we need to take to deliver on the promise and commitments made in the 2011 Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex) to move from commitment to action and to accelerate progress.

As Secretary-General Ban Ki-moon once said:

> "Addressing NCDs is critical to global public health, but it will also be good for the economy, for the environment, and for the global public good in the broadest sense. If we come together to tackle NCDs, we can do more than heal individuals — we can safeguard our very future". (*A/66/PV.3, p. 4*)

We share that view. In that connection, there are ongoing efforts at the national level aimed at addressing NCDs, with progress being realized in some areas, including maternal and child health, surveillance of NCDs and their risk factors and monitoring and evaluation of NCDs, as well as lifestyle modification.

Botswana has established policies and programmes that continue to guide its efforts. Those include the strategic plan for the prevention and control of NCDs 2011-2016, which is currently being implemented, and the national alcohol policy, which was designed to provide a comprehensive guide for priority-setting, programme development and implementation, intersectoral coordination and evaluation.

With regard to the surveillance of NCDs and their risk factors, Botswana has established an integrated disease surveillance and response system that has been reporting mostly on infectious diseases. However, the non-communicable-disease surveillance has been recently revised and incorporated into its reporting format. In that regard, Botswana has baseline data on NCDs and their risk factors. Consistent with the requirement that the monitoring and evaluation of NCDs and their risk factors should be carried out at least every five years, Botswana, in cooperation with other partners, is currently preparing for the second survey on NCDs, which is to be undertaken later this year.

Recognizing that the challenges posed by NCDs cannot be addressed by the ministries of health alone, cooperation with other sectors beyond the health sector is ongoing. Cross-sectoral stakeholders are involved in health education and community mobilization. They use various communication strategies, such as the print media, radio and television, on NCD risk factors and behaviour change. Botswana is also working with international partners and non-governmental organizations.

While Botswana is classified as a middle-income country that has achieved some measure of socioeconomic development, I wish to take this opportunity to emphasize that, like other developing countries, Botswana faces numerous developmental challenges. The high rates of morbidity and mortality due to communicable diseases, such as HIV and AIDS, are still a great challenge. Our priority is therefore to ensure that the progress achieved is not reversed by the rising tide of NCDs. In that regard, we join other countries in reiterating the need for continued support to Governments to enhance their national capacities to address NCDs and to mitigate the impact. International cooperation and the mobilization of resources also remain critical to national responses to NCDs.

I wish to conclude by reaffirming Botswana's commitment to the implementation of the Political Declaration on NCDs and the importance that we attach to the realization of the right of all to the enjoyment of the highest attainable standard of physical and mental health.

Mr. León González (Cuba) (*spoke in Spanish*): Cuba fully associates itself with the statement made earlier today by the representative of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100). We congratulate the Ambassadors of Belgium and Jamaica on their excellent work as the facilitators of this process.

Cuba acknowledges the efforts of the General Assembly, the World Health Organization, States and other stakeholders in the preparation of this High-level Meeting, as well as the steps taken in previous years towards implementing the Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex), adopted in 2011. It is an issue of the utmost importance for the health and economic development of the populations of all countries of the world, in particular the poorest ones. Cuba actively participates in those international efforts despite the severe limitations imposed on it by the economic, commercial and financial embargo and the international economic crisis.

Public health in Cuba is a fundamental human right that benefits all its citizens without distinction. The Cuban national health system is characterized by being unified, free and accessible, and offers universal coverage based on primary health care, broad community and intersectoral participation, and a deeply rooted internationalist perspective. The broad transformations effected by the Cuban revolution in that realm are well known and enjoy international recognition. Cuba recently presided over the sixty-seventh session of the World Health Assembly of the World Health Organization in Geneva, which we view as international recognition of our country's achievements in the area of health.

Some of our results include Cuba's infant mortality rate of 4.2 for every 1,000 live births in 2013, an indicator that has remained below 5 for five consecutive years, as well as Cuba's contribution to health care in more than 120 countries around the world through the presence since 1960 of 135,000 health workers, a figure that currently stands at more than 50,000 in 65 countries. Non-communicable diseases represent a global health problem that requires national, regional and international actions.

Given the social, economic and health implications of those diseases, Cuba's Government, the various social sectors, and social and mass organizations are preparing a set of comprehensive actions for promoting health and preventing disease, drawing on international experience as well as on our own, with a view to implementing swifter change at both the local and national levels. To that end, improved public policies are being introduced; priority within the national health system is being given to primary and comprehensive health care, including the prevention of non-communicable diseases; and better education, information and social communication are being implemented in order to mobilize all sectors. Such actions should cover the entire life span and inculcate healthy habits from an early age.

The new post-2015 development agenda should incorporate health goals within its principal objectives for the eradication of poverty, including the prevention and control of non-communicable diseases. Implementation measures should guarantee the achievement of those goals. The material and financial resources exist and would be available for sustainable development if there were sufficient political will focused on human well-being.

The enormous global military outlays, to give just one example, would suffice to eradicate poverty and promote sustainable development. The elimination and prohibition of nuclear weapons would also free up the resources needed to protect and sustain the lives of millions of people on the planet instead of representing a potential vector of terror and worldwide destruction. It is a fact that although such programmes exist and although various countries in Latin America and the Caribbean have taken short- and medium-term preventive actions of proven effectiveness, lifestyle changes linked to social and economic factors are difficult to control if they are not addressed in a comprehensive manner and endowed with sustainability that allows them to be maintained over time. That is a challenge that many countries will have to face.

Cuba agrees with the notion that only the coordinated, comprehensive action of Governments working with the different sectors of civil society — maintained over time and including a focus on the social and economic determinants of health, greater social justice and equal access to the opportunities and basic necessities for good health, especially for poor families and individuals — will make it possible to prevent non-communicable diseases. That should not detract from the importance of preventing and controlling communicable diseases or maternal and child health, but international cooperation should produce a similar response to that involved in addressing HIV/AIDS, tuberculosis, malaria or dengue as emerging or re-emerging illnesses, on both the technical and a financial levels, with funding directed to poor countries.

Cuba will continue to prioritize the health of its people and will maintain its modest efforts to collaborate with other countries, including through comprehensive attention to non-communicable diseases and their risk factors.

Mr. Šćepanović (Montenegro): Montenegro fully aligns itself with the statement delivered by Mr. Tonio Borg, Commissioner for Health and Consumer Policy of the European Union (see A/68/PV.100). However, I would like to make a statement in my national capacity.

This High-level Meeting comes at a very important moment, since we have already entered the final year for reviewing and assessing the progress achieved in the prevention and control of non-communicable diseases (NCDs). Three years have passed since the adoption of the Political Declaration of the High-level Meeting on

this topic (resolution 66/2, annex). It is encouraging that we have taken significant steps forward, but at the same time we must commit to doing more. I strongly believe that this Meeting, which gives us the opportunity to discuss what we have done in the field of preventing NCDs and to share best practices and lessons learned, as well as to prioritize non-communicable diseases in the national and regional agenda, will contribute to combating that phenomenon.

The causes of NCDs and their risk factors are largely determined by the social, physical and economic environment. Combating NCDs therefore requires action on the social determinants of health by all sectors, including education, agriculture, trade, urban planning and transportation, as well as the activities of other actors who play important roles in creating healthy environments and making healthy choices available. In that spirit, Montenegro stresses the need for a more comprehensive approach that requires all sectors to work together in order to reduce the risks associated with NCDs, as well as to promote interventions to prevent and control them.

Non-communicable diseases have a tremendous impact on the lives of affected persons and their families, their well-being and their ability to work. That, in turn, poses major challenges not only to the health system but also to the economy and other sectors of society. Currently, two thirds of deaths in Montenegro are due to NCDs, a figure similar to that in other European countries. Although NCDs represent a serious burden, prevention is possible. It is estimated that if the four major behavioural risk factors were eliminated, 80 per cent of all heart disease, stroke, type 2 diabetes and over 40 per cent of cancers would be prevented. That leads us to conclude that cost-effective prevention options exist.

Montenegro has made great progress in improving its response to NCDs by adopting and implementing several policy documents, including a strategy for the control and prevention of NCDs for the period 2008-2020, which is being revised and updated in line with new relevant national, regional and global documents, along with an action plan for its implementation for the period 2014-2015, a national strategy for preventing the harmful use of alcohol for the period 2013-2020, an initiative for reducing excessive salt in food, and others. Those documents include strategic objectives, development goals and measures to be implemented in the next four years.

As a member of the South-eastern Europe Health Network, Montenegro will host the Regional Health Development Centre for NCDs. The Centre will coordinate cooperation between the South-East Europe public-health institutions in the field of NCDs, with the goal of improving the subregional response to the NCD epidemic, which constitutes a growing public-health challenge. The Regional Centre's activities will contribute to the reduction of the burden of NCDs in the region in a coordinated way, in line with the World Health Organization's Health 2020: the European policy for health and well-being, the Global Action Plan for the Prevention and Control of NCDs 2013-2020, the Action Plan for the European Strategy for the Prevention and Control of Non-communicable Diseases, and other relevant documents. Targeted health-care initiatives, capacity-building and policy engagement will be carried out in accordance with the work plan of the Regional Health Development Centre for NCDs.

Montenegro recognizes that the reduction of exposure to common risk factors for the main group of NCDs and choosing healthful lifestyles are key elements of the prevention and control of NDCs. Aware that an adequate educational system can be of great use in fighting NCDs, Montenegro has added the subject of healthy lifestyles to the curriculum of elementary and high schools. In that way, we encourage and empower young individuals to choose a healthy way of living as the best way to prevent non-communicable diseases.

The meeting rose at 6.15 p.m.